



Governor Steve Bullock
Commissioner Pam Bucy

Montana Department of LABOR & INDUSTRY

Business Standards Division -

Board of Medical Examiners

PHYSICIAN ASSISTANT RENEWAL APPLICATION--2014

Please submit this page with check/money order for the following fee by October 31, 2014.

After that date, you will be assessed a 100% penalty for late renewal.

Do not send cash. Incomplete applications will be returned.

FEES: PHYSICIAN ASSISTANT (PAC) \$200.00 (Active) \$100 (Inactive)

NAME _____ LIC. #: _____

ADDRESS _____

PHONE: _____ E-MAIL: _____

RENEWAL DISCIPLINARY STATEMENT

YOU MUST ANSWER ALL QUESTIONS BELOW. IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, YOU ARE REQUIRED TO SUBMIT A DETAILED EXPLANATION.

1. Have any legal or disciplinary actions been instituted ☐ Yes ☐ No
against you or any of your professional licenses
since either your initial licensure in Montana or since
you renewed your license, whichever occurred
latest? Montana Code Ann. Sec. 37-1-105 requires
that you report this information. Failure to accurately
furnish this information is grounds for denial or
revocation of your license.
2. Have you experienced any physical or mental ☐ Yes ☐ No
condition during the last renewal period, not
otherwise reported to the Board or the MPAP, which
might adversely affect any aspect of your medical
practice?
3. Have you, during the last renewal period, engaged in ☐ Yes ☐ No
habitual intemperance, the excessive use of, or been
under the influence of, any addictive or mind-altering
substance while on duty or on call not otherwise
reported to the Board or MPAP?:

(continued on next page)

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MONTANA BOARD OF MEDICAL EXAMINERS
PHYSICIAN ASSISTANT RENEWAL APPLICATION—2013
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4. Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied privileges in any hospital or society? ☐ Yes ☐ No
5. Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied prescribing privileges? ☐ Yes ☐ No
6. Have you, during the last renewal period, voluntarily surrendered, cancelled, been limited or restricted, failed to renew or entered into a consent agreement with respect to your license during a disciplinary investigation or in lieu of disciplinary action or been denied a state license to practice or specialty board certification?: ☐ Yes ☐ No

Montana Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license.

CONTINUING EDUCATION

I certify that I am in compliance with the continuing education requirements pursuant to Board rule or that I am exempt from the continuing education requirement.: ☐ Yes ☐ No

Signature

Date